IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Sakamoto, et al.

Serial No.:	10/014,508	Group Art Unit:	2826
Filed:	December 14, 2001	Examiner:	Erdem, Fazli

For: LIQUID CRYSTAL DISPLAY DEVICE

Honorable Commissioner of Patents
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

     In response to the Office Action dated July 13, 2004, please amend the above-identified application as follows:

10/20/2004 TYOUNG   00000003 500481   10014508
01 FC:1201   264.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number: 10/014 508

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		$385	OR	BASIC FEE	$770
	X$ 9=		OR	X$18=	
	X43 =		OR	X86=	
	+145=		OR	+290=	
	TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

4/22/04

AMENDMENT (A)

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 18	Minus	** 20	= —
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145 =		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT (B)

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 20	Minus	**	=
Independent	* 6	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	2040
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT (C)

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.